

Maine

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State CARE Act Program Profile

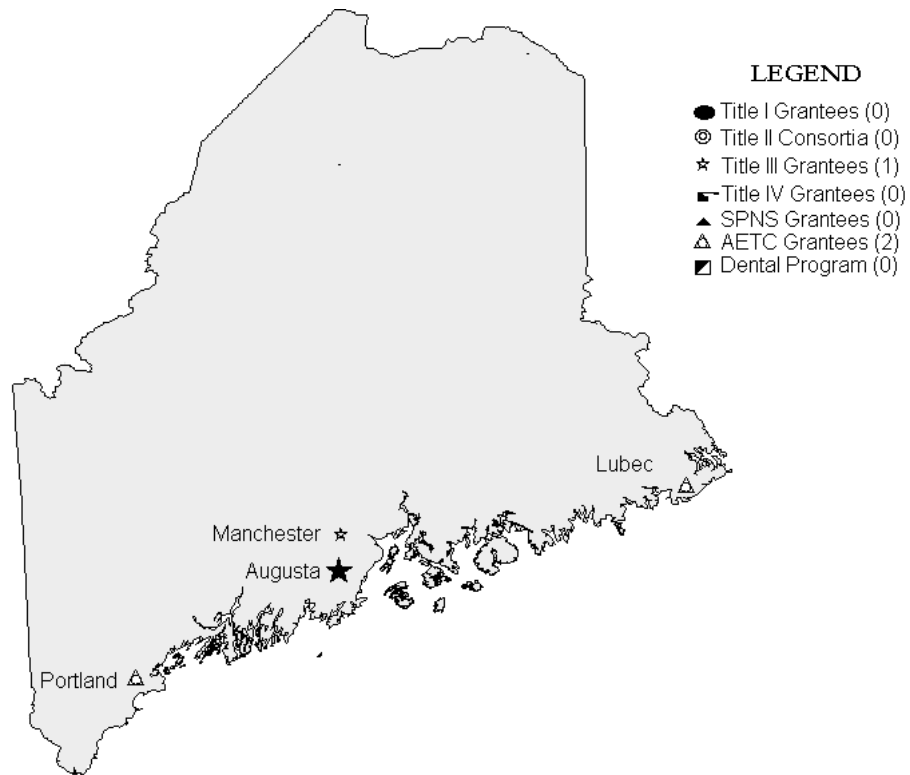
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$536,845	\$719,201	\$806,854	\$2,062,900
ADAP	(\$78,279)	(\$229,446)	(\$357,743)	(\$665,468)
Title III	\$0	\$24,773	\$50,000	\$74,773
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$28,273	\$22,730	\$30,019	\$81,022
Dental	No Data	\$0	\$0	\$0
Total	\$565,118	\$766,704	\$886,873	\$2,218,695

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	0	1	1
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	2	2	2
Dental	0	0	0

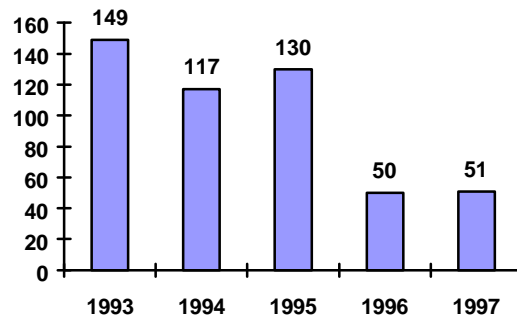
Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Maine (Pop. 1,242,051)

- ▶ Persons reported to be living with AIDS through 1997: 356
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV: No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 497 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	94%	78%
Women (13 years and up):	6%	22%

	State-Specific Data	National Data
<13 years old :	2%	1%
13-19 years old :	2%	1%
20+ years old :	96%	98%

	State-Specific Data	National Data
White:	88%	33%
African American:	2%	45%
Hispanic:	10%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	60%	35%
Injecting drug user (IDU):	14%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	4%
Heterosexual contact:	10%	13%
Other, unknown or not reported:	10%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	77.9	194.5
Gonorrhea (1996)	4.4	124.0
Syphilis (1996)	0.1	4.3
TB (1997)	1.7	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** early intervention services; dental care; alternative therapies; medication; respite care; child care/foster care; mental health, vision, and nutrition services; transportation; housing, health insurance continuation
- ▶ **Emerging Needs:** housing; employment services; services for the multiply diagnosed; and medication

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	42% FPL

*Income eligibility for State's ADAP program is 200% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	No

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: Maine

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$536,845	\$719,201	\$806,854	\$2,062,900
ADAP (included in Title II grant)	(\$78,279)	(\$229,446)	(\$357,743)	(\$665,468)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$760,221/94%
Home and Community Care	(\$331,650)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$385,571)
Direct Services	(\$43,000)
Case Management (State Administered)	\$0/0%
Consortia	\$0/0%
Health Care*	(\$0)
ADAP/Treatment	(\$0)
Case Management	(\$0)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$46,633/6%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Accomplishments

Clients Served (duplicated count), FY 1996:	470
Men:	83%
Women:	17%

<13 years old:	2%
13-19 years old:	2%
20+ years old:	96%

White:	93%
African American:	2%
Hispanic:	4%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

► Improved Patient Access

- The total aggregate number of clients reported as receiving case-managed home- or community-based primary health care, treatment, and support services increased from 650 in FY 1994 to an estimated 900 (not unduplicated) in FY 1997, a 38% increase.
- The Maine ADAP reported a 25% increase in monthly utilization between 1997 and 1998, from 52 clients to 65 clients.
- Although the proportion of clients accessing protease inhibitors was limited to approximately 22% as of mid-1998, the grantee reports that individuals on the ADAP waiting list are being assisted to access these and other HIV/AIDS medications through manufacturers' patient assistance programs and other sources.
- Three new medications were added to the ADAP formulary early in 1998, for a total of 17 drugs.

► **Cost Savings**

- The State initiated a request for participation in the Section 602/Office of Drug Pricing program and requests for manufacturers' rebates early in the FY 1998 grant period.

► **Other Accomplishments**

- To ensure a consistently high standard of care for all Title II clients, the State implemented a new Individualized Care Plan protocol during 1997. The care plan is jointly developed with the client during the initial assessment and is reviewed and updated every six months.
- The ADAP Advisory committee is an active participant in the State's decision-making process on the ADAP, and includes physicians, three PLWH representatives, a pharmacist, case manager, ADAP staff, and the Title II officer. The committee generally meets monthly.

AIDS Drug Assistance Program (ADAP): Maine

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$138,279	\$329,446	\$385,571	\$853,296
State Funds	\$60,040	\$60,040	\$60,040	\$180,120
Total	\$198,319	\$389,486	\$445,611	\$1,033,416

Program

- ▶ Administrative Agency: Dept. of Human Svcs.
- ▶ Formulary: 41 drugs, 5 protease inhibitors, 5 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: Yes
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The ADAP Advisory Committee participates in the State's decision-making process concerning ADAP and includes PLWH.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	75
Number using ADAP each month:	65
Percent of clients on protease inhibitors:	22%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	86%
Women:	14%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	83%
African American:	0%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	17%

Title III: Maine

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	0	1	1	
Total Title III funding in State	\$0	\$24,773	\$50,000	\$74,773

Planning Grants

1998 - Maine Ambulatory Care Coalition - Manchester

1997 - City of Portland - Portland

AIDS Education and Training Centers: Maine

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ New England AETC
- ▶ States Served: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- ▶ Primary Grantee: New England AETC, Brookline, MA
- ▶ Subcontractors in State: Acadia Health Education Coalition - Lubec
Maine Medical Center, AIDS Consultation Service - Portland

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$28,273	\$22,730	\$30,019	\$81,022

Training Highlights from FY 1997

- To provide information on PHS treatment guidelines, the AETC offered sessions designed to address the diverse training needs of health care providers, depending upon their clinical settings. Offered in one-, two-, or three-hour modules, program sessions were held at community health centers, regional meetings or professional provider associations, at in-service or grand rounds sessions, and as training programs open to all interested providers.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, the AETC developed a comprehensive two-day course. The curriculum featured the full scope of patient-clinician interactions and the course included lecture presentations, case discussions, and roundtable and panel discussions featuring people living with HIV.
- “HIV/AIDS Updates and Case Discussion: A Program for Community Health Center Providers” is a monthly series that brings together a variety of clinicians experienced in HIV care and treatment issues from sites throughout the Boston area. Each month’s session features an expert who presents a topic relevant to HIV/AIDS care, treatment and research. Participants are invited to bring cases from their own practices, which are then discussed by participants.

- To highlight the needs of women living with, or at-risk of, HIV disease and the challenges faced by their providers, the AETC developed a three-hour program titled “Women, HIV, and Reproductive Care.” The goals of the program include: to describe current knowledge of HIV transmission and treatment; to identify the medical, social and emotional issues faced by women with HIV; to demonstrate skills for incorporating counseling patients about reproductive decision-making, HIV disease, and HIV testing into the providers’ clinical settings; and to identify strategies to provide effective counseling and testing for women while considering cultural health practices, beliefs, and linguistic differences.
- The AETC developed an interactive program that allows participants to examine new and emerging therapies. “HIV Resistance, Treatment Sequencing, and Adherence Issues: A Roundtable Forum” features multidisciplinary, participatory roundtable discussions in which participants examine clinical case scenarios and propose treatment options in an informal group setting. The three-hour program begins with a presentation that is followed by roundtable discussions. Each roundtable is facilitated by a clinician. Participants are assigned to tables so that in each discussion a variety of disciplines are represented.
- The “Nurse Practitioner/Nurse Practitioner Student Clinical Site Training” is a clinical training program that has offered up to 98 hours of clinical experience over 13 weeks to students in a practice that focuses solely on HIV disease. The clinical practicum takes place at the clinic and during home visits, providing an opportunity for participants to experience a full spectrum of HIV-related treatment and care strategies and interventions.